

NYSDOH/AIDS INSTITUTE Health Home Plus (HH+) for HIV+ Individuals

Attestation

To be completed by Health Home programs. HH+ billing cannot begin until attestation forms are received.

Name of Health Home: _____ **Contact Person Name and Title:** _____
Contact Person Phone: _____ **Contact Person E-Mail:** _____

Instructions for completion or if you need assistance:

- Complete the NYSDOH/AIDS Institute Health Home Plus Standard Attestation Form below.
- Submit form via mail to:
 - NYS Department of Health, Attn: Peggy Elmer, 99 Washington Avenue, 7th floor, Suite 720, Albany, NY 12210
 - Or via the [Health Home BML](#) - Subject: Health Home Performance Targets
- Submit copies of Attestation Form to the following:
 - NYSDOH/AIDS Institute, Attn: Allair Bailey, Health Program Administrator II. Email: Allair.Bailey@health.ny.gov
 - NYS Office of Mental Health, Attn: Stacey Hale, Director of Care Coordination. Email: Stacey.Hale@omh.ny.gov;
 - Each Care Management Agency named in this attestation form; and

Department of Health staff will review the information provided and contact your agency if further clarification is needed.

Health Home Plus Standards	
<i>To affirm Care Management Agency (CMA) compliance with each standard, check box in left column.</i>	
	Health Home CMA has process for immediate assignment of HH+ eligible members to qualified care managers and the provision of HH+ services, as outlined in the applicable HH+ program guidance.
	Health Home CMA meets Staff Qualification requirements, as outlined in applicable HH+ program guidance.
	Health Home CMA has process to ensure HH+ caseload sizes do not exceed the required ratio of 1 qualified care manager for every 12-15 HH+ recipients.
	Health Home CMA has process to ensure the minimum service intensity requirements outlined in the applicable HH+ program guidance are met.
Additional Requirements for Non-AIDS Institute Legacy and Non-Legacy CMA Providers (<i>please ensure boxes are checked under each bolded subsection below</i>):	
	<p>CMA meets at least one of the following criteria:</p> <p>Article 28 or 31 provider, certified home health agencies, community health center, community service programs, or other community based organizations with:</p> <ul style="list-style-type: none"> ▪ Two years' experience in the case management of persons living with HIV or AIDS; or ▪ Three years' experience providing community based social services to persons living with HIV or AIDS; or ▪ Three years' experience providing case management or community based social services to women, children and families; substance users; MICA clients; homeless persons; adolescents; parolees, recently incarcerated; and other high-risk populations and includes one year of HIV related experience.

	<p>CMA is in positive standing with all HHs and Managed Care Organizations (MCO)</p>
	<p>CMA Supervisor(s), care managers, and peer/navigators meet the following qualifications:</p> <p><u>Care Management Supervisor:</u> Minimum qualifications:</p> <ul style="list-style-type: none"> ▪ Master’s Degree in Health, Human Services, Mental Health, Social Work, and one year of supervisory experience and one year of qualifying experience; or ▪ Bachelor’s degree in Health, Human Services, Mental Health, Social Work and three years of supervisory experience and three years of qualifying experience**. <p><u>Care Manager/Coordinator:</u> Minimum qualifications:</p> <ul style="list-style-type: none"> ▪ Master’s or Bachelor’s degree in Health, human services, education, social work, mental health, and one year of qualifying experience**; or ▪ Associate’s Degree in health, human services, social work, mental health, or certification as an R.N. or L.P.N. and two years of qualifying experience** <p><u>Navigator/Community Health Worker/Peer:</u> Minimum qualifications:</p> <ul style="list-style-type: none"> ▪ High School Diploma or GED, or ▪ CASAC, or ▪ Certification as a Peer, or ▪ Community Health Worker ▪ and ability to read, write and carry out directions (<i>Community resident with knowledge of community resources, sensitivity towards the target population, culturally competent, and speaks the language of the community preferred.</i>) <p>**QUALIFYING EXPERIENCE means: verifiable work with the target populations: individuals with HIV, history of mental illness, homelessness, or substance use.</p>
<p style="text-align: center;">Training requirements for Health Home CMAs serving individuals who are HIV+</p> <p>Care Manager/Coordinator and Navigator/Community Health Worker/Peer level staff serving individuals with HIV in HH+ must meet training requirements as stated in the Guidance Document established by the AIDS Institute.</p> <p>Core competency trainings must be completed within the first 18 months of employment.</p> <p>A minimum of 70 hours annually for staff who have completed their first year of employment.</p>	

Please use the section below to list ALL contracted Care Management Agencies - including AI Legacy Providers who previously attested - that meet HH+ qualifications and to which this HH+ Attestation will apply. When including the name of the CMA, please ensure that the name on this form matches exactly to how the name is displayed in the Medicaid Analytics Performance Portal (MAPP).

For each CMA listed, indicate with an “X” in the appropriate column(s) – if CMA is an AIDS Institute Legacy, non-AIDS Institute Legacy or Non-Legacy CMA provider and which HH+ population(s) the CMA is qualified to serve and bill the HH+ rate code. Mark all that apply.

Please use column “CMA Changes” to notify DOH of any changes, including but not limited to changes in HH+ population(s), and adding or removing CMAs.

Name of Care Management Agency (as displayed in MAPP)	CMA Changes (If applicable, please mark “Add” or “Remove”)	AI Legacy	Non-AI Legacy	Non-Legacy CMA	HIV HH+HIV	All other HH+

Certification and Acknowledgement

I certify, on behalf of my agency, that all information contained in this NYSDOH AIDS Institute Health Home Plus Funding Attestation is accurate and true. I have read the attached and agree that my agency will not seek payment at the HH+ rate for members served by Care Management agencies that do not meet the qualifications to serve HH+ individuals. HH+ payments received are subject to recovery upon audit by the State or Managed Care Organization should documentation fail to support payment received.

Health Home Director Name (print)

Signature

Date